



Medical Examiner Department
Public Interment Program (PIP)

PIP Case Number:

**Verbal Authorization for
Cremation and Disposition**

Decedent's Name _____
First/Middle/Last Date of Birth

Name of Person (s) Authorizing Cremation and Disposition

Authorized Person Relationship to Deceased

Address: _____

City/State & Zip Code: _____

Telephone Number: _____

Ashes Disposition: 1. ☐ Return to Authorized Person 2. ☐ Scatter

This verbal consent to release the remains of _____

to the Miami-Dade County Public Interment Program was received on:

_____. {date}

Received By: _____
Public Interment Program Representative

Hospital/Nursing Home Representative/Other Telephone #

The verbal consent was witnessed by: _____
Name and Title